

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Arcadia Retirement Residence	CHAPTER 90
Address: 1434 Punahou Street, Honolulu, Hawaii 96822	Inspection Date: May 8 and 9, 2019 Biennial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><u>FINDINGS</u> Resident #2- "Nutrition and meals" under the service plan did not include diet (pureed), thickened liquid consistency (nectar), Ensure and Magic cup supplement, and weekly weights.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>On 5/8/19-Service Plan was updated to include under "Nutrition and meals" Diet (Pureed), Thickened Liquid consistency (nectar), Ensure and Magic Cup Supplement and weekly weights.</p>	5/8/19

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services</u>. (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><u>FINDINGS</u> Resident #2- "Nutrition and meals" under the service plan did not include diet (pureed), thickened liquid consistency (nectar), Ensure and Magic cup supplement, and weekly weights.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>100% audit of all Assisted Living resident service plans was completed by 5/16/19 to ensure that service plans are up to date to include diet texture and consistency, supplements, and interventions to prevent weight loss. All licensed nurses have been inserviced on regulation 11-90-80- range of services (a)(2) and service plan process has been changed to include a verification checklist to assure information provided captures the resident's unique physical, psychological, and social needs along with recognition of resident's capabilities and preferences. To ensure the accuracy of service plans, Lead RN or designee will conduct audits upon completion of the service plans.</p>	5/16/19

Licensee's/Administrator's Signature: _____

SS

Print Name: _____

Suzie Schullberg

Date: _____

5/29/19

Licensee's/Administrator's Signature: _____

SS

Print Name: _____

Suzie Schullberg

Date: _____

5/16/19